

OPTICAL DEVICE USE REQUEST / AUTHORIZATION

(Please Type / Print Legibly)
(Instructions for completion in Field Help and on second page)

Originator Name/Telephone	Organization Mail Code / Address	Date	Authorization Number
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I. SOURCE DESCRIPTION

A. LAMPS

1. Lamp ANSI Designation	2. Manufacturer	3. Model No.	4. Serial No.	5. Bulb/Filament Description			
6. Lamp Output	7. MOL	8. Arc Length	9. Useful Wavelength	10. Radiance Power	11. Pulse Length	12. No. of Sources	
13. Attach Spectral Characterization, if available							

B. FIBER OPTICS

1. Type of Laser	2. Manufacturer	3. Model No.	4. Serial No.	5. ANSI Service Group	6. Registration No.			
7. Operating Mode	8. Peak Power	9. Pulse Length	10. Pulse Repetition Frequency	11. Wavelength	12. Optical Fiber Description			
					a. Manufacturer	b. Model Number	c. Numeric Aperture	d. Mode

II. AREA DESCRIPTION

A. Use Location Area _____ Building No. _____ Room Number _____	B. Storage Location Area _____ Building No. _____ Room Number _____
C. Attach sketch of device use area(s) showing actual locations of devices in area and incorporated safeguards, if any.	
D. Attach optical path sketch.	

V. SYSTEM USERS

A. Area Radiation Officer _____
B. Use Supervisor/Custodian _____
C. Attach list of user/operators <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
D. Submit Completed KSC Form 16-450 for each of the above named individuals <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
E. Maintenance/Calibration Organization _____

III. USE DESCRIPTION

A. Mission/Payload Designation _____
B. Brief description of use _____

IV. PROCEDURES

A. Operating Procedures: _____
B. Accident/Emergency Procedure: _____
C. Maintenance Procedure: _____
D. Attach copies of procedures.

VI. PROPOSED PERIOD OF USE

From: _____	To: _____
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VII. SIGNATURES

A. Originator _____	Date _____
B. Area Radiation Officer _____	Date _____

VIII. AUTHORIZING SIGNATURES

Health Physics	Date _____
KSC Radiation Protection Officer	Date _____
45th SW Radiation Protection Officer (if applicable)	Date _____
Chmn. KSC Radiation Protection Committee	Date _____

Instructions for Completion

Refer to descriptions and examples as delineated by KHB 1860.2, Appendix B, to complete this form.

Section IA - Lamps

For each laser (A through C), indicate:

- 1 - Lamp ANSI designation: self explanatory
- 2 - Manufacturer: self explanatory
- 3 - Lamp model number: self explanatory
- 4 - Lamp serial number: self explanatory
- 5 - Provide bulb/filament description: self explanatory
- 6 - Lamp output: provide lamp rated output in lumens
- 7 - MOL: indicate maximum overall length of bulb in centimeters
- 8 - Arc length: indicate arc length in centimeters (if applicable)
- 9 - Useful wavelength: indicate lamp wavelength of interest for proposed use in nanometers
- 10 - Radiance: indicate maximum output of lamp in watts/cm or joules/cm
- 11 - Pulse length: if applicable
- 12 - Number of sources: indicate total number of lamps of specified type required for use
- 13 - Spectral characteristics: attach a plot of spectral output of lamp, if available

Section IB - Fiber Optics

- 1 - Type of laser: laser medium (HeNe, Nd:YAG, etc.)
- 2 - Manufacturer: self explanatory
- 3 - Model number: self explanatory
- 4 - Serial number: self explanatory
- 5 - ANSI service group: indicate as per ANSI Z136.2
- 6 - State of Florida registration number: self explanatory
- 7 - Operating Mode: continuous (CW) or pulsed operation
- 8 - Peak power: rated maximum output of laser, CW or per pulse
- 9 - Pulse length: for pulsed lasers only, indicate pulse duration in seconds
- 10 - Pulse Repetition Frequency (PRF): for pulsed lasers only, indicate PRF in Hz
- 11 - Wavelength: indicate lasing wavelength(s) in nanometers
- 12 - Optical fiber description: additional information required for fiber optic systems
 - a - Manufacturer: self explanatory
 - b - Model number: self explanatory
 - c - Numeric aperture: self explanatory
 - d - Mode: indicate fiber operating mode (single or multi)

Section II - Area Description

- II A/II B: Indicate area (KSC/CCAS), building number, and room number (if applicable) for use and storage areas, respectively.
- II C: Attach sketch/drawing of areas denoting use and storage locations, including protective features employed in facility design.
- II D: Provide a sketch of the optic path utilized (if applicable).

Section III - Use Description

Self explanatory

Section IV - Procedures

Self explanatory (attach copies of all applicable procedures)

Section V - System Users

- V A: Identify Area Radiation Officer (ARO)
- V B: Identify Use Supervisor/Custodian (US/C)
- V C: Self explanatory
- V D: Self explanatory
- V E: Identify maintenance/calibration organization if different from user organization (if applicable).

Section VI - Proposed Period of Use

Maximum period of use is one year with annual renewal required for continued use.

Section VII - Signatures

Signature of originator and/or Area Radiation Officer is required for processing of request

Note: This form will be returned to you after review.